

Foster Family Home - Corrective Action Report

Provider ID: 1-563826

Home Name: Teresita Koh, CNA

Review ID: 1-563826-5

94-295 Kahuahele Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/4/2019

Foster Family Home

Required Certificate

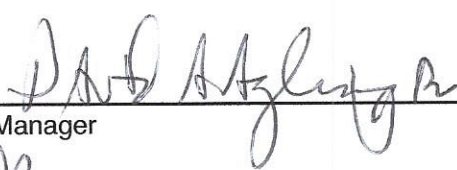
[11-800-6]

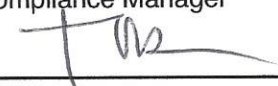
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/4/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date